

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

123  
Executive Lobbyist Registration No.

**Instructions**

- ! Print in ink or type.
- ! Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- ! This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 12/21/07

Sup-term

ack

3070690 ✓

1. NAME Byler Tim S  
Last First MI

NAME  
CHANGE \_\_\_\_\_  
Last First MI

2. BUSINESS PHONE 423-349-0689  
(Area Code) Phone Number

3. FAX PHONE 423-349-9901

4. BUSINESS ADDRESS 172 P. PENTREE DR. Kingsport, TN 37664  
Street and No. City State Zip

MAILING ADDRESS \_\_\_\_\_  
Street and No. City State Zip

5. EMPLOYER NOVARTIS PHARMACEUTICALS

6. EMPLOYER'S ADDRESS 59 RT. 10 EAST HANOVER, NJ 07936  
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No \_\_\_\_\_

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name SAME AS ABOVE

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of 12/31/07

AUDITED

JUN 9 2008

By: dy

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2) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



\_\_\_\_\_  
**Signature of Lobbyist**